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What is Community Benefit?

Community benefit encompasses programs or activities that provide treatment or promote health and healing in direct response to identified community needs. Community benefit programs and activities meet at least one of these objectives:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health care knowledge
- Relieve or reduce the burden of government or other community efforts

On the cover:
Kalkaska County teenagers Maria Saenz (left) and Ali Levenson (right)
benefit from new health services. (see page 5).

Working Together as a Region



Northern Michigan is often in the national spotlight for its natural beauty and other amenities that make this a great place to visit, live, and retire. Those of us fortunate enough to call this beautiful area “home” also know that one of its strongest assets is the high quality health care available throughout our region.

Health care in the United States is currently undergoing an enormous transformation. As a nation, we’ve come to realize that health care will cost a lot less if we can keep people out of the hospital, especially those with chronic but manageable diseases. We’re shifting away from a system that pays for services to restore health to one that focuses on preventing illness from occurring in the first place. Soon our success will be measured by the overall health of the people living in northern Michigan. This requires a strong partnership between all health care providers and the people they serve. Munson Healthcare is responding to this fundamental shift by redesigning care to be as efficient, effective, and convenient as possible.

This report provides some examples of the very personal ways the seven hospitals and other businesses associated with Munson Healthcare are helping ensure the region’s health. You’ll read about a new health safety net for teenagers in Kalkaska County and how Munson Home Health nurses are stopping by assisted living facilities to intervene early at the first sign of trouble. You can read about exciting new telemedicine services that bring northern Michigan patients and downstate subspecialists together – without the drive.

As the national health care debate continues during this election year, here in northern Michigan we are fulfilling our mission to work together as a region to provide superior quality care and promote community health. Last year, the Munson Healthcare system provided **\$64.9 million** in health care programs and education, as well as free, discounted, and unreimbursed services.

It is our privilege to serve you, your family, and your neighbors, today and long into the future.

A handwritten signature in blue ink, appearing to read "Ed Ness".

Ed Ness, President and CEO
Munson Healthcare and
Munson Medical Center

A handwritten signature in blue ink, appearing to read "Dan Wolf".

Dan Wolf, Chairman
Munson Healthcare
Board of Directors



Expanding Access to Specialty Care via Telemedicine

Jessica Billsen dreamed of raising her son, Rodney, in a small rural town, a place where no one locked their doors, where the air was fresh and the neighbors were friendly. One thing stood in the way: her son has hemophilia, and she had a big concern about being far from specialized medical care.

In October 2010, that obstacle was removed when the **Northern Michigan Regional Bleeding Disorder Center at Munson Medical Center** teamed up with the Michigan State University Center (MSU) for Bleeding and Clotting Disorders in Lansing and the Barbara Ann Karmanos Cancer Institute in Detroit to offer telemedicine for adults and children in northern Michigan with bleeding disorders.

Laura Carlson, RN-BS, a MSU nurse involved in Rodney's care, referred the family to Michelle Witkop, DNP, FNP, BC, in Traverse City. Four-year-old Rodney had been diagnosed with hemophilia at birth. The genetic bleeding disorder is strongly present in his mother's

family, so she was familiar with the special care he would require to prevent even minor bumps that could cause serious internal bleeding. "It's hard – you've got to let him be a boy, but we've also got to teach him to use his 'walking' feet to prevent his own injuries," Billsen said. "Knowing a treatment center is just 45-minutes away is a big relief."

Pediatric specialty services are provided via telemedicine by Roshni Kulkarni, MD, Director of Pediatric Hematology/Oncology and part of MSU's research team. In addition to telemedicine clinics with MSU, Deanna Mitchell, MD, of the Helen DeVos Children's Hospital Pediatric Coagulation Disorders Program, holds a clinic in Traverse City one day a year. Adult specialty services are provided via telemedicine by Judith Andersen, MD, a hematology and internal medicine specialist, who also travels to Traverse City twice a year to see patients and meet with staff in person.

Northern Michigan Regional Bleeding Disorder Center is one of nine federally funded hemophilia treatment centers in Michigan. It serves about 200 patients north of Grand Rapids.



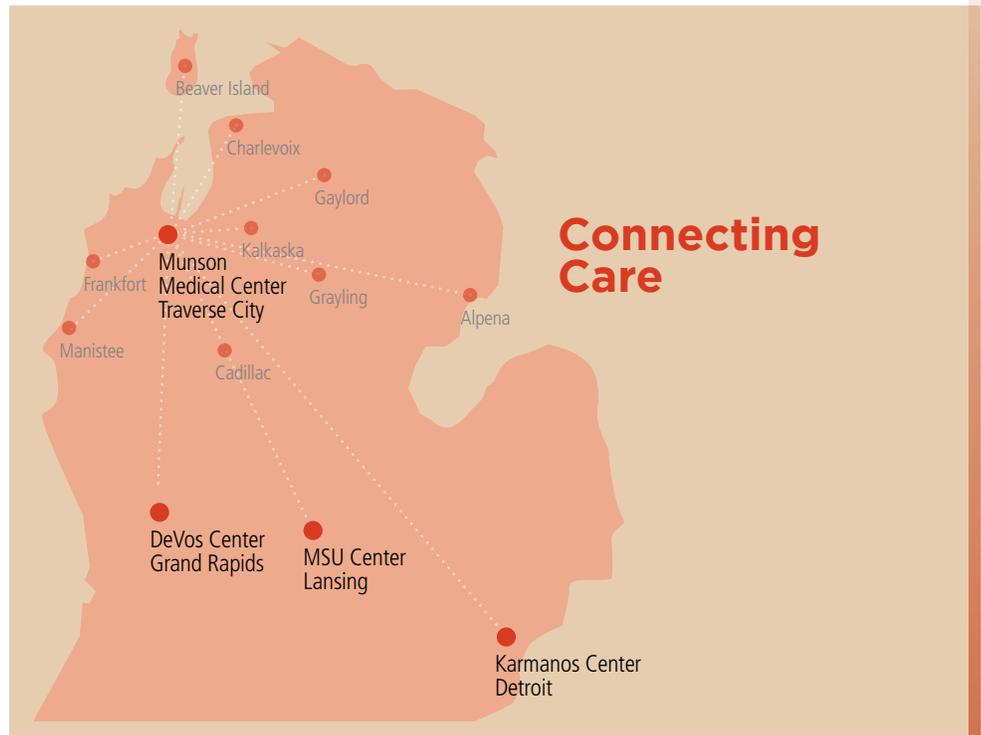
Northern Michigan Regional Bleeding Disorder Center is located at Munson Medical Center. Patients sit in front of a camera mounted on a monitor and talk face-to-face with downstate specialists. Witkop collaborates with the specialists by completing a physical exam using specialized instruments that allow the physician to listen to the patient's heart and see in the ear canal.

Telemedicine visits are conducted about twice a month. Munson Healthcare provides space and technical support for the program. "Having institutional support is key," Witkop said. "We've had great administrator support and great technical support from the REMEC TeleHealth Network, which was already established at Munson."

Twenty-one patients currently use the Bleeding Disorder Center's telemedicine services. "We ask patients to rate it on a 1 to 5 scale with 5 being best; we almost always get a 5 – it's rare we get a 4," Witkop said. "Patients like it because they receive quality care without having to travel far – it saves them time and money. Parents don't have to take days away from their jobs or have the expense and stress of a long drive and an overnight stay. Children are not impacted by missing school."

"This is truly patient focused – it's all about making it easier for the patient," said David Rushlow, LMSW, the center's coordinator and social worker. "It's an intimate setting, and the patients feel safer and more comfortable. We're actually finding physicians spend more time with them and patients open up and share more information with the doctor. Kids love it – they like talking to the people on the screen and seeing themselves 'on TV'."

"The implications for telemedicine are enormous," Rushlow added. "We had a patient in hospice who lived two or three hours away. We connected with a telemedicine site in that patient's hometown, five minutes away from his house. The patient was at one site, we were here, the specialist was in Detroit, and we came up with a treatment plan. It was neat to have that three-way connection so the patient didn't have to travel at all."



REMEC TeleHealth Network sites are located at 11 hospitals and health centers in northern Michigan. The network originated in 1993 as the "Rural Emergency Medical Education Consortium" to train EMS personnel. Today, there is growing emphasis on telemedicine applications directly related to patient care. In 2011, REMEC hosted more than 4,000 programs connecting health care providers, administrators, patients, and community members.

New Bleeding Disorder Screening for Inpatients

All patients going through advanced registration at all hospitals in the Munson Healthcare system are now asked if they have a bleeding disorder. If the patient says yes, the Bleeding Disorder Center is notified and Witkop does a screening. If the patient is scheduled for surgery, she will contact the surgeon to confirm a care plan is in place that addresses the patient's needs. "This has been wonderful," she said. "We've had instances where surgery was delayed or cancelled because an appropriate plan was not in place. We've also found people who don't have a bleeding disorder, who were told years ago that they did."

An estimated **1 out of every 1,000 adults** worldwide has a bleeding disorder; 75 percent receive inadequate treatment, or no treatment at all.

Witkop Presents in Paris

Witkop presented landmark research on pain in the bleeding disorders community at the World Federation of Hemophilia World Congress in Paris, France in July. Witkop, Rushlow, and Jane Dinnen, BA, RN, were principal investigators in a 2010 study that evaluated the treatment of chronic pain and acute bleeding pain. The study led to national and international education about appropriate pain management in the bleeding disorders community.

"Patients like it because they receive quality care without having to travel far – it saves them time and money."

Michelle Witkop, DNP, FNP, BC





Kalkaska County teenagers, Karly Hoggard (left) and Cecilia Hassler (right) shown with a mural they painted at the new Teen Health Corner

A New 'Safety Net' for Forest Area Teens

Haley gets headaches. Jermaine has had three sports-related concussions. David wanted to kick a 10-year-old smoking habit. They and more than 200 of their peers have found relief at a new Teen Health Corner that opened last fall in a renovated portable classroom next to their high school. This is the second Teen Health Corner opened by **Kalkaska Memorial Health Center** (KMHC).

Forest Area Middle School/High School Principal Suzanne Cybulla says she can't imagine how her school got along without the Teen Health Corner. "I'm thrilled – it meets the social, emotional, and medical needs of our students. I can't say enough about how this asset has quickly integrated into our culture. We can't have too many safety nets for these students. It comforts me to know their needs are being met so we can focus on education."

(KMHC) helped obtain a five-year grant from the state Department of Education and Michigan Department of Community Health, building on the success of the original Teen Health Corner that opened next to KMHC in 2006.

The new Fife Lake Teen Health Corner is open to all 400 of the Forest Area school district's students in grades 5 - 12. It is staffed three days a week with a physician's assistant and a registered nurse; a contracted mental health counselor is on site twice a week and is in high demand.

Jermaine Nix, a graduating senior, said a lot of students have family problems and emotional stress that lead to risky behavior. "I'm really glad they're here. If not for them, a lot of kids who are very disappointed and very sad would be hurting themselves."

David Wellington credits Sara Smith, PA, with helping him break a smoking habit he started at age 8. "When I was really craving it or school was getting on my nerves, I came over and talked to Sara. She helped me get the nicotine patch and she gave me good tips, like don't smoke in the same place twice."

With parental permission, students can drop in for sports or annual physicals, immunizations, or any primary or urgent care needs,

such as sprains, ear aches, or – as experienced by both Jermaine and David – back flips gone wrong. The clinic prescribes and dispenses medications, but requests for birth control are referred elsewhere. All insurances are accepted; staff can help students who qualify enroll in Medicaid or MICHild.

Being on site offers another clear advantage: several times a year KMHC staff take the opportunity to meet with young students and present in-school, evidence-based health programs on topics such as smoking prevention, food and fitness, and healthy relationships.

Kalkaska Memorial Health Center subsidized teen health clinics with \$275,251 in community benefit dollars last year. This amount includes grant dollars, Medicaid losses, and cash to bring needed access to health care to area teens ages 10-21.

"I tell them, 'I can work with you. I will follow up with you. You aren't alone. We can help you with this.'"

*Theresa Evans, Mental Health/Substance Use Disorder
Community Outreach Practitioner
Mercy Hospital Cadillac*



Dispensing Hope

Life is about as tough as it gets for drug addicts and alcoholics who have a mental health disorder and are physically ill.

"These patients are high risk and high users of emergency services, but their symptoms typically are vague and not of an emergency service need," said Dawn Ewald, RN, Director of Community Outreach at **Mercy Hospital Cadillac**.

Responding to an identified and growing need in the community, Mercy Hospital Cadillac has collaborated with Northern Michigan Substance Abuse Services and Catholic Human Services to close the gap for uninsured and underinsured patients who arrive at the hospital with substance abuse and/or mental health problems.

In her new role as Mental Health/Substance Use Disorder Community Outreach Practitioner, Theresa Evans occupies a small office in the hospital's Emergency Department. She's available to follow up with patients who arrive with a substance addiction and/or a mental health problem.

"This new position fills a huge gap in the community and aligns very well with our mission," Ewald said. "As a Catholic hospital, the mantra of our Christian tradition is 'how do we care for the poor?' Theresa is having great success. Folks who wouldn't talk to anyone are talking to her. She is improving the quality of life for individuals suffering from substance abuse and behavioral health disorders. She is able to get productive care for them and meet their needs."

Evans finds the work very rewarding. "The need is very great," she said. "Especially with today's economy, people are struggling. The more we can do to help, the better." She measures success in many ways, from helping a patient reduce Emergency Department visits by finding a primary care provider, to watching an individual have lengthening periods of sobriety.

"It's important to take folks where they're at in the change process," she said. "Some are ready to do something about their problems, and others are not aware or not ready. I help them as much as they will allow and try to 'plant seeds.'"

I have to take a long view – this is a process – people don't change overnight."

The biggest challenge, she said, is limited health care resources for people with mental health and substance abuse problems. "A lot of people go without treatment for mental health problems. I am working to strengthen relationships between the hospital and various community providers to determine how we can work together in the best interest of the person who needs help."

"What I really like is being able to give hope to people," she added. "When they are in the Emergency Department or in a hospital setting, they are not in a good place physically or emotionally. I tell them, 'I can work with you. I will follow up with you. You aren't alone. We can help you with this.' That's rewarding – seeing people have some hope that things will get better and they don't have to go through it alone. Mostly they react with gratitude and a little surprise. They say, 'Wow, no one's ever tried to help me with this before.'"



Alumni Program Keeps Rehab Real

Don Gooch loves to walk. As a long-time scoutmaster, he nearly always out-hiked his scouts. As an environmental health engineer for Inland Steel, he could easily make the five-mile trek from his office to the far end of the plant.

That was all long before he broke his ankle three years ago. Following surgery at **Mercy Hospital Grayling** and two weeks of rehabilitation at Mercy Manor, orthopedic surgeon, Syed Habib, MD, recommended he continue physical therapy to regain full mobility and strength in his ankle.

When his therapy sessions ended, he wanted to continue building up his strength. Gooch was pleased to learn about Mercy Hospital Grayling's Alumni Program. For just \$10 a month, any alumni of the hospital's rehabilitation program can use the hospital's exercise equipment as often as they like.

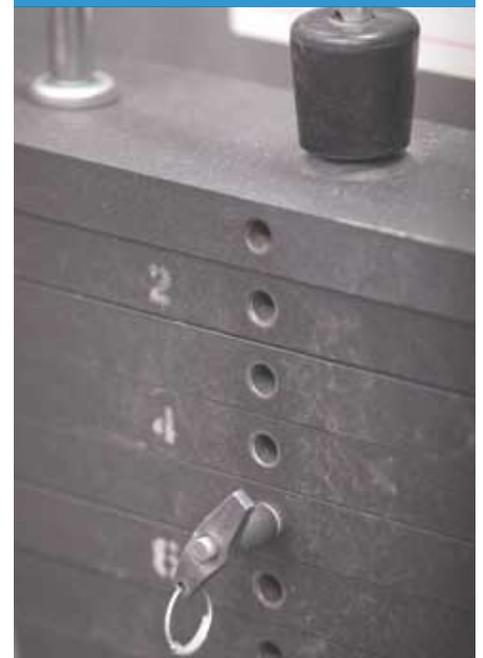
Last year, Gooch had knee replacement surgery. "Because of the Alumni Program, my legs were quite strong. It really helped me come out of the knee surgery well," he said.

Gooch drives from his home in nearby Frederic three days a week for a two-hour workout at the hospital. "I work myself pretty hard," he said. At age 81, he can leg press 180 pounds – 40 reps at a time. His standard workout includes time on a recumbent bike, an arm bike, and a treadmill.

"I've been really pleased with the program," he said. "I think the therapy there is top notch. They're just a super bunch of very, very competent people. I could go five days a week. I enjoy life because I'm physically well. It's a great program if you take advantage of it to become stronger."

"I've been really pleased with the program. I enjoy life because I'm physically well."

Don Gooch





A Vital Service

Exilo “Pete” Petovello was born in Italy in 1919, one year after the end of World War I. He emigrated to the United States at age 8 after his father gained citizenship by working in America for five years. The family settled near Detroit. Pete was 15 when he began working for Ford Motor Company as a die maker and retired in 1974. “I’ve been retired longer than I worked,” he said.

At 92, Pete is the living definition of dapper – he is meticulous about his appearance and his health. He’s had quadruple heart bypass surgery, prostate cancer, and diabetes, so he keeps a close eye on his blood pressure, weight, and glucose levels. And, he takes full advantage of the opportunity to see **Munson Home Health** nurses who visit twice a month at his residence, the Glen Eagle senior housing complex in Traverse City.

As a free community service, Home Health nurses visit three independent and assisted living facilities to perform health checks. They monitor residents’ blood pressure, weight, oxygen saturation, and pulse. “It’s a great tool

to catch things early because a change in their vitals is often the first sign that something is wrong,” said Lori Tull, RN, a Munson Home Services nurse. “We can catch problems right away – if they need immediate attention we can call 911, or if there is a potential problem, we let them know they need to see their doctor.”

“It’s kind of like having a family member keeping an eye on them,” said Kristin Harrison, BSN, RN. “We keep track of everything on index cards and we give them their card to take to their doctor. There have been times we’ve caught some critical things and called their doctor right away. Sometimes the cards will come back from the doctor with things to watch for. It’s an extra layer of care.”

The nurses also use the opportunity to educate residents and staff about signs and symptoms of common problems such as urinary tract infections, stroke, and heart failure. “If we can proactively prevent them from fainting and falling, that keeps them out of the hospital,” Tull said. “Being here regularly, we get to know them. We can assess their gait to see

if it’s changing and by talking with them we can do a cognitive assessment.”

Pete, for one, appreciates their efforts. “It’s a blessing for us and we look forward to them coming,” he said. “We know we can depend on them.”

Pete, the father of four, grandfather of eight, and great-grandfather of 11, is known around Glen Eagle for the ornate walking sticks he likes to carve, a hobby he started when his doctor told him he’d need a cane. His boating and fishing days are behind him, but he still drives (a Ford), does his own errands, and has dabbled in painting. “I also dance once in a while, just to say I did it.”

How to Age Well

“You’ve got to be interested in your health. If you look after yourself, you’ll look better and feel better. Sometimes you have to push yourself a little or you begin to slip. You’ve got to watch your diet – and dress well. Put on a sport coat and wear some bright colors.”

“Pete” Petovello, 92



An Increasing Need

Requests for help from the Mammography Assistance Fund:
173 in 2010 | 418 in 2011

Patients given grants:
72 in 2010 | 358 in 2011

Average cost per exam: about **\$70**

Foundation's Mammography Assistance Fund is Saving Lives

Cancer survivor Jennie Minard has no doubt that the Mammography Assistance Fund administered by the **Munson Healthcare Regional Foundation** saved her life.

Jennie has been diagnosed with breast cancer twice in the past nine years. She and her husband, Bruce, are self-employed, uninsured dog trainers in Beulah, so she opted not to have a mammogram. Then she felt a lump in her breast. Jennie had surgery, chemotherapy, and 32 rounds of radiation to treat her breast cancer. "Even though I know I am at high risk, I thought about skipping my follow-up mammograms because when you get a bill in the mail that you can't pay, that adds stress upon stress."

Jennie turned to the Mammography Assistance Fund for help. It paid for the mammogram four years ago that detected cancer in her other breast. "Because it was discovered at a very early stage through a mammogram, my treatment the second time was so much easier and so much faster. Obviously, it saved my life."

One in Eight

One in eight women will be diagnosed with breast cancer at some point in her life. An annual mammogram is the best way to detect cancer at its earliest stage. Like Jennie, many women – even those at high risk for breast cancer – delay the screening because of cost.

"The number of people needing assistance is definitely rising," said Jane Rolf, MSN, RN, ACNS-BC, CBCN, Breast Health Services Coordinator at the Smith Family Breast Health Center. "More people are under-insured or uninsured than in previous years, and the health department has fewer appointments available."

The health department allots a set number of appointments for under- and uninsured patients for mammography, ultrasound, and biopsies who meet specific screening criteria. The Breast Health Center works with the health department in assigning patients for coverage. The number of appointments available to the Breast Health Center in 2012 was reduced by over 70% from just two years ago due to budget

cutbacks. "We use the Mammography Assistance Fund for patients who require assistance in paying for mammograms and ultrasounds and save the health department appointments for those who are recommended to have a biopsy," she said.

"The need to help women pay for mammograms keeps growing exponentially because of cuts in various other programs in the state," said Desiree Worthington, President of the Munson Healthcare Regional Foundation. "Even so, we feel compelled to do whatever we can to assist. It is important to keep our region's women as healthy as possible."

The Mammography Assistance Fund is also supported by the generosity of groups and individuals within the community. To date, \$53,000 has been raised for the fund. For information about events that support the Mammography Assistance Fund, call the Munson Healthcare Regional Foundation at **(231) 935-6482**.



Watching Them Grow

Nora and Noah Denoyer weighed in at about three pounds each when they were born prematurely in March 2011. “I was really worried that things were not going to be okay,” said their mother, Alexis. Her fears eased as she and her husband, Derek, watched over their tiny infants as they were cared for in Munson Medical Center’s Neonatal Intensive Care Unit (NICU). “Everything was wonderful in the NICU – it was very comforting,” Alexis said.

When their babies were ready to go home after 45 days of intensive care, the Denoyers also were reassured that a team specializing in infant development would be following up to make sure Nora and Noah developed as expected.

At six months old and again at their first birthday, the twins were evaluated during comprehensive appointments at the Developmental Assessment Clinic (DAC), located near the [Munson Medical Center](#) campus. The clinic’s team includes an audiologist, social worker, neonatal nurse, education specialist,

neonatologist/physician, and occupational and physical therapists. “We see our primary care physician, but this is a lot more thorough,” Alexis said. “It made me feel more comfortable that they were where they need to be developmentally.”

Munson Medical Center operates the only NICU north of Grand Rapids. Last year, more than 300 fragile newborns were cared for in Munson’s NICU. All NICUs in Michigan have been required since the 1970s to have a clinic to evaluate and screen infants for signs of developmental delay that would impair their ability to succeed in school.

Not all NICU babies require this kind of evaluation, but some need specialized follow-up care. “Babies born very small and very premature, those who have continuous respiratory problems, certain types of infections, growing problems, and certain neurological conditions, are invited for evaluation in the DAC,” said neonatologist David S. Sciamanna, DO.

“If ongoing evaluation identifies any special needs, appropriate referrals are made to medical and/or educational specialists as necessary. Further DAC follow-up is scheduled based on the team’s assessments.”

Babies are followed up until 2½ to 3 years of age as needed. This free service is sponsored by Munson Medical Center, in association with Traverse Bay Area Intermediate School District.

Munson Supports Four Specialty Clinics for Children

Unbilled services are provided at:

- Immunization Clinic
- Developmental Assessment Clinic
- Genetics and Pediatric Cardiology (in partnership with University of Michigan and in combination with the county health department and Children’s Special Health Care Services)
- Pediatric Rheumatology Clinic



Being There

As a **North Flight** paramedic, Shawn Bottomley has a lot of respect for local law enforcement officers. When they put themselves in harm's way – he wants to be there. Three years ago he became a team medic for the Northern Michigan Mutual Aid Task Force. His job is to medically assist anyone injured during the course of an event.

"I know 99 percent of these officers," he said. "I feel they go above and beyond – they go into dangerous situations. I want to be the one there to help them. I want to know they're going to get good care if they are injured."

Bottomley, 38, is a native of Traverse City. A few years ago he weighed 320 pounds and could not pass the team's physical requirements. He was motivated to lose 125 pounds. "You have to be in shape – you have to be able carry or drag a victim two football fields. You might have to carry a 175-pound officer with 50 to 60 pounds of gear and weapons. If I can't pull someone, I'm of no use. Being on a team pushes me to be fit so I can help them."

The Northern Michigan Mutual Aid Task Force was formed in 1998 and has three teams covering northern Michigan. Each team includes county law enforcement, city officers, a tribal officer, and medics. Bottomley and Munson Emergency Medicine Specialist Robert L. Smith, MD, FACEP, serve on Team Two covering Grand Traverse, Benzie, Antrim, and Leelanau counties. They are on call 24/7, and are tactically trained to respond to barricaded gunman/hostage situations, school shootings, and felony warrant high-risk traffic stops. They are trained to extricate gunmen, hostages, or victims from vehicles or buildings, or search in open areas.

Bottomley and Smith train with their team eight hours a month. They also put in 16 hours a month of individual training. Each September, they spend four days at Camp Grayling. "The medics' role on the team is no different than a road medic – other than we wear full armor," Bottomley said. "Our jackets indicate we are EMT medics. We do not carry weapons. We have rappelling gear – we can go off

buildings if needed. We do a lot of downed officer drills. It's getting more and more with the economy – we are getting more people stealing drugs and home invasions. So, we do close quarter training – through crawl spaces and in basements."

"In training, we often play the role of the bad guy and get thrown to the ground a lot," Bottomley said. "We do whatever the team needs us to do – relay messages, get coffee, white board scribes; carry medical bags. Wherever the team goes, we go."

"I want to know they are going to get good care if they are injured."

*Shawn Bottomley, Paramedic
North Flight*





Denise Schmidlin and Kerry Elder, RRT, of OMH's Cardiopulmonary Department, discuss with Mark Derby the results of his PulmoLife test, and steps Derby can take to improve his results.

Information Can Be the Best Medicine

People depend on expert advice when making health care decisions. **Otsego Memorial Hospital** (OMH) in Gaylord is making a concerted effort to provide the communities it serves with the best information possible. Denise Schmidlin, BSN, RN, supervisor of Cardiac and Pulmonary Rehabilitation, has been championing Speakers Bureau events for the past two years to make sure everyone has access to local experts on a variety of topics.

Schmidlin and other OMH staff members coordinate presentations with area cardiologists, pulmonologists, registered dietitians, diabetes educators, and local primary care providers to discuss various subjects, such as heart health, lowering diabetes risk, and how making small changes to everyday routines can lead to big changes to a person's health down the road.

"Serious cardiac events are affecting patients at younger ages than in years before, and I'm hoping that by having these free events, we can do something to help stop that trend," Schmidlin said. "There will always be people who need cardiac or pulmonary rehabilitation, but if I can help

one person understand that living a healthier lifestyle will lower their risk of heart or lung disease, then I'll consider it a job well done."

She also arranged for Michigan Notable Author, John Otterbacher, to visit Gaylord on two occasions to tell his inspiring story of going from possible heart transplant to sailing across the ocean to Ireland.

All presentations coordinated by Schmidlin are free and open to the public, and have been well attended by people of all ages. Schmidlin, who puts in long hours in her own department, sets aside time to make sure there is at least one presentation or event per month.

"I have great relationships with many of the local physicians and specialists, and I'm glad these doctors realize how beneficial speaking engagements like these are to patients or potential patients," Schmidlin said. "Being able to put a face with a name is really important to people when it comes to health care; they want to know who is going to be taking care of them."

Physicians and mid-level providers donate their time to make these presentations possible, furthering the mission of Otsego Memorial Hospital to provide a full continuum of accessible care that addresses the community's needs.

Schmidlin hopes to enhance the Speakers Bureau program by organizing presentations with providers specializing in obstetrics and gynecology, general and orthopedic surgery, and more. She is also working with several OMH departments to arrange a health fair later in the year to provide blood pressure checks, blood glucose and cholesterol screenings, and other activities to help local residents live healthier lives.

"Serious cardiac events are affecting patients at younger ages than in years before, and I'm hoping that by having these free events, we can do something to help stop that trend."

*Denise Schmidlin, BSN, RN
Supervisor, Cardiac and Pulmonary
Rehabilitation*





Getting a Great Start, with a Little Help

Kimberly Mayville thinks it is amazing that her four-year-old daughter, Violet, knows all about the Great Wall of China. She's "thrilled" that Violet has an opportunity to learn new things each day in the company of teachers who are devoted to early childhood development.

Violet attends the **Paul Oliver Memorial Hospital** Preschool at Lake Ann Elementary on a scholarship provided through a federal grant obtained by the six-county Great Start Collaborative. Program director Mary Manner applied for a \$250,000 matching grant through the Department of Health and Human Services American Recovery & Reinvestment Act Scholarship for Disadvantaged Students.

Mayville learned about the scholarship program from Chasity Gouker, child development coordinator at Paul Oliver Memorial Hospital, who helped her navigate the system and apply for the assistance. POMH is a member of the Great Start Collaborative and Gouker worked closely with Manner to advocate for scholarship money for qualifying families. "We surveyed

every child who was age eligible enrolled in our programs," Gouker said. "Four qualified, based on the stipulations of the grant."

For Mayville, it was just the amount of help she and Violet needed. As a single mother and sole breadwinner, she sometimes has to make tough choices. "I work full-time, I have a house. My parents help me out, but I could not afford daycare on my own. I am part of the working class poor."

Mayville earns just over the income guidelines for Violet to qualify for the federal Head Start program. "I was just so thrilled when we got this scholarship," Mayville said. "My washer went out, my stove went out. But because of the scholarship, I was still able to buy Violet some new clothes and a few nice toys at Christmas. Financially, it has made me so much less stressed."

Preschool teacher Tamara Wilkens said she sees a huge amount of growth among the children during this critical developmental year. Most of the foundation for language,

social behavior, problem solving ability, and emotional health is created in the first five years of life, and a quality preschool program helps set the stage for success in school and life.

"As a first-time mom, it makes me feel good to know that Violet is growing and learning so much," Mayville said. "I didn't want her to be behind. I think it will help her in school in general. She has grown so much in her capacity to learn. It was so nice to have the help financially, but more importantly, my daughter loves it there. I don't have to worry so much now."

"I work full-time, I have a house. My parents help me out, but I could not afford daycare on my own. I am part of the working class poor."

Kimberly Mayville





Learning the Art of Feeding Your New Baby

For 20 years, Linda Holmes, BSN, RN, Certified Lactation Educator and Specialist, has encouraged soon-to-be mothers to breastfeed their babies by teaching a class at **West Shore Medical Center**.

"I so promote breastfeeding because it is the normal way – human milk for human babies," she said. "Breastfeeding is priceless. The fact that the hospital offers a free class to everyone who would like to learn about breastfeeding is such a gift to the women in our community."

Eight times a year, Holmes meets with expectant parents at the West Shore Education Center to teach "The Art of Breastfeeding." During the two-hour class, she outlines the benefits and offers practical "how to" education. Many women have questions about how to continue breastfeeding once they return to their jobs, especially those who work full-time. "It is doable," Holmes said. "Sometimes it helps to know other women have done it and I talk about how to accomplish it."

Breastfeeding is recommended throughout infancy and beyond. "It's a decision between the mother and the baby," Holmes said.

The breastfeeding class is offered in conjunction with Preparation for Labor and Delivery classes taught at West Shore. OB nurses in West Shore's Maternal and Newborn Center also help new mothers and infants get off to a smooth start. Betsy Porter, RN, recently became an International Board Certified Lactation Consultant by passing a rigorous day-long exam. She has five children and found each breastfeeding experience was unique.

"One of the misconceptions is that breastfeeding is natural so it must also be easy," Porter said. "Breastfeeding is the best thing to do for your baby and yourself, but it takes so much practice – it's a learned thing for both the mom and the baby. A lot of times people are disappointed when it doesn't come easily. I can definitely tell the difference in women who have taken the breastfeeding class because they are a little more open to working at it. Linda Holmes does an outstanding job."

Porter became a first-time mom at age 17 and didn't have help learning to breastfeed. That memory motivated her to assist new moms. "I love being an OB nurse – there is not one aspect I don't enjoy. I love helping develop that bond between mom, dad, and baby. The father's support is such a strong thing and mom is more apt to give up without it. I try to get the father involved in his role as the protector of the mom and child."

Porter, who previously worked as a critical care nurse, said she only has a few short hours with new families in the hospital, but other help is available. She encourages new moms who have breastfeeding questions to speak with one of the full-time lactation consultants at Munson Medical Center at **(231) 935-2591**.

Investing in Healthy Futures

Every family who has a baby at West Shore Medical Center is invited to enroll in Healthy Futures, a free service that provides educational newsletters until the child's fifth birthday.



Value Proposition:

The Unique Role of Michigan Hospitals in Achieving a Healthier State and a Stronger Economy

Why are hospitals so critical to a healthier state and stronger economy?

Above all else and beyond all others, Michigan hospitals and health systems add value to their communities and to our state as a whole.

Michigan hospitals care for the sick and those who cannot care for themselves, nurture those who are well, and improve the health of families and communities. As major employers, Michigan hospitals provide stable jobs to hundreds of thousands of residents, and are international leaders in health care quality and efficiency improvements that are saving thousands of lives and hundreds of millions of dollars.

Michigan is emerging from one of the worst economic recessions in decades. In part, Michigan's recovery is being driven by the stability and growth of hospital and other health care jobs. However, the health care sector faces years of change that will fundamentally alter how patients are cared for and how care is paid for. A shift from volume to value, from complex to simple – these are the paradigms of America's new health care system. All the





Investing in health care leads to a fiscally and physically healthier state.

while, as they serve a record 1.9 million Medicaid beneficiaries, treat more than 1.3 million uninsured and endure continued cuts to Medicaid reimbursement, **Michigan hospitals lead the way. In fiscal year (FY) 2010, Michigan community hospitals and health systems provided nearly \$2.6 billion in community benefits and directly employed nearly 222,000 workers. They saved patients, families, and businesses at least \$500 million in health care costs by delivering care more safely and efficiently.**

They prevented thousands of health care-associated infections through collaborative efforts with the Michigan Health & Hospital Association (MHA) Keystone Center for Patient Safety & Quality, leading to thousands of lives and hundreds of millions of dollars in health care costs saved. They train the health care professionals of the future, who care for countless Medicaid patients and help ensure all residents have access to the care they need, whenever they need it.

These are the successes Michigan hospitals can and have achieved working together and with the MHA. They lead the nation and the world toward safer, more affordable and accessible health care. Their ability to maintain and improve on their success in the future largely depends on whether the governor, the Legislature, and our nation's leaders recognize this:

Michigan hospitals create tremendous value, and investing in health care leads to a fiscally and physically healthier state.

Michigan's economy is finally improving, and Michigan's health care sector and hospitals are leading the way. Unemployment is slowly declining and forecasts are optimistic. At the same time, the health care sector is entering a phase of profound change unseen in more than half a century – one that presents hospitals and their patients with unmatched challenges. For the state's economic recovery to continue, Michigan's leadership must recommit to a fiscally and physically healthier state.

Michigan hospitals and health systems serve as safety net providers that deliver substantial resources and assistance to those in need. They are major employers that work every day of every year to use evidence-based best practices to treat the ill and promote healthy living. They train tomorrow's health care professionals to ensure that the next generation of Michigan residents gets the same outstanding health services available today. They adapt to a changing and challenging delivery system to better coordinate services and drive patient-centered, high-quality care – and they do it while saving patients and employers significant dollars. Our hospitals invest in their patients, their communities, and the state, and provide unsurpassed value to



Value Proposition

create a healthier future and a stronger economy. Michigan officials must do the same by supporting health care.

Excerpt from Value Proposition: The Unique Role of Michigan Hospitals in Achieving a Healthier State and a Stronger Economy. Read the full report online at: www.mha.org.



Michigan hospitals lead the way.



Charity Care and Bad Debt Trends

Who Qualifies for Charity Care?

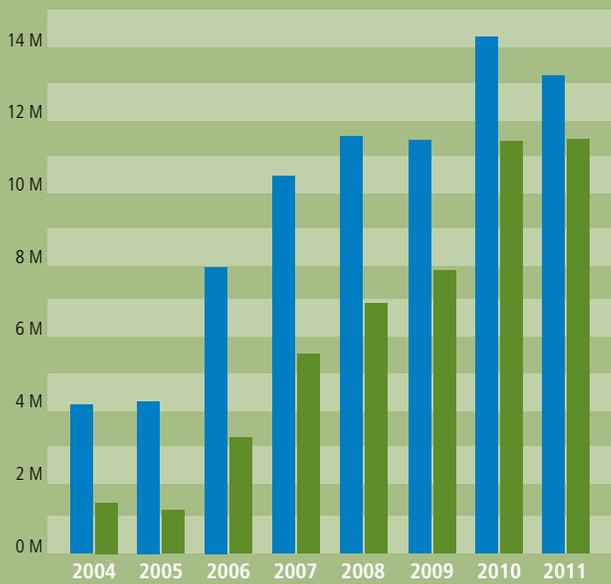
Charity care is the cost of services that are covered for qualifying patients. Most patients who receive charity care have no insurance. Full coverage is available to anyone who is uninsured with a family income at or below 200 percent of the federal poverty level. Hospital care is fully paid for:

- A single person earning \$22,340 or less
- A couple earning \$30,260 or less
- A family of four earning \$46,100 or less

Bad Debt

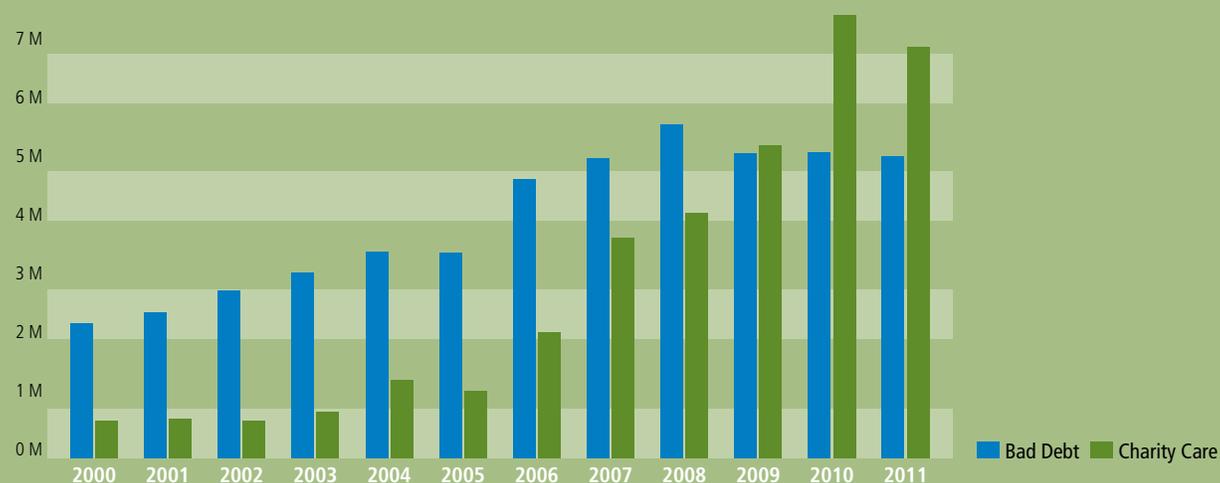
The cost of services that are billed, but deemed uncollectable

Munson Healthcare Bad Debt and Charity Care



All seven hospitals and other entities within the Munson Healthcare system provide Charity Care. Last year, a total of \$11.4 million in costs was covered for patients who could not afford their care or services.

Munson Medical Center Bad Debt and Charity Care





National Quality Care Delivered Locally

From a field of nearly 3,000 U.S. hospitals, two hospitals associated with Munson Healthcare again emerged among the *100 Top Hospitals* in the nation. In April 2012, Thomson Reuters honored Munson Medical Center and Mercy Hospital Cadillac for top-notch patient care and outstanding operating performance.



Munson Medical Center was recognized for the 14th time in the Teaching Hospital category. Only one other hospital in the nation has been honored more often during the 19-year program that recognizes top quality, efficiency, financial performance, and consumer assessment of care.

Mercy Hospital Cadillac was recognized for a third time in the category of Small Community Hospital. The awards are based on 10 quality measures using publicly available patient outcome data.

Kalkaska Memorial Health Center

419 S. Coral Street
Kalkaska, Michigan 49646
(231) 258-7500

Mercy Hospital Cadillac

400 Hobart St.
Cadillac, MI 49601
(231) 876-7200

Mercy Hospital Grayling

1100 Michigan Avenue
Grayling, MI 49738
(989) 348-5461

Munson Medical Center

1105 Sixth St.
Traverse City, MI 49684
(231) 935-5000

Otsego Memorial Hospital

825 N. Center Avenue
Gaylord, MI 49735
(989) 731-2100

Paul Oliver Memorial Hospital

224 Park Avenue
Frankfort, Michigan 49635
(231) 352-2200

West Shore Medical Center

1465 E. Parkdale Ave.
Manistee, Michigan 49660
(231) 398-1000

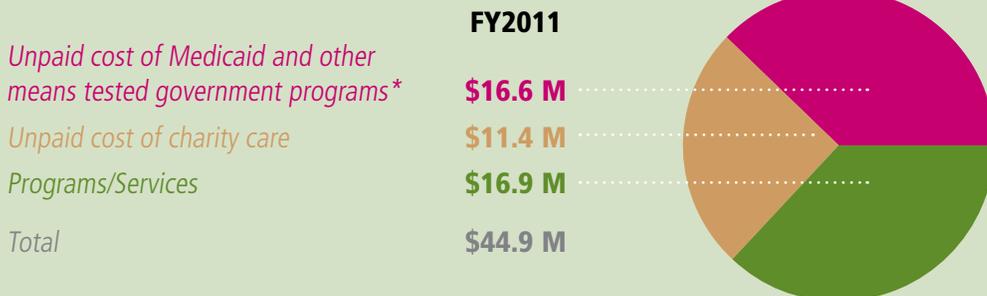
munsonhealthcare.org

"I think it's wonderful that of the six Michigan hospitals honored this year, two are part of the Munson Healthcare system. All of us in northern Michigan should feel confident in the great care available here as we continue to work together throughout the region to improve patient care."

Ed Ness, President and CEO of Munson Healthcare and Munson Medical Center



2011 Munson Healthcare System Community Benefit



Other Significant Financial Contributions



*Unpaid cost of Medicaid and Medicare
The difference between the cost of services delivered and government payment.

Community Benefit Programs and Services

- Community health education
- Community-based clinical services
- Health care support services
- Health professions education
- Subsidized health services
- Research
- Financial and in-kind donations
- Community benefit operations

**Community-building activities
Includes programs that address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the health care organization.

Community Connections



Munson Healthcare Partners:

Kalkaska Memorial Health Center**
Mercy Hospital Cadillac***
Mercy Hospital Grayling***
Munson Healthcare Regional Foundation*
Munson Home Health*

Munson Medical Center*
North Flight*
Otsego Memorial Hospital***
Paul Oliver Memorial Hospital*
West Shore Medical Center***

* Owned ** Managed *** Affiliated